

Program Activity Cover Page

Program Name: Modesto City Schools - SR Initiative

Program ID 150013

Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

**Family resource center
Child care center or preschool**

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

County service agency (other than education)

- ☐ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

Private provider/nonprofit community organization

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

Education organization

- ☐ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☒ School district
- ☐ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

Other public-sector organization

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

Consulting organization

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization

☐ Other organization

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address 426 LOCUST STREET
City MODESTO Zip 95351

Service radius (miles)

18.0

3. Does this funded program receive State School Readiness Initiative funds? ☒ Yes ☐ No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

☐ Direct services:

\$, ,

☐ Community strengthening efforts:

\$, ,

☐ Provider capacity building/support:

\$, ,

☒ Infrastructure investments:

\$, 25,000

☐ Systems change support activities:

\$, ,

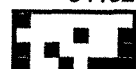
☐ Minigrants (Commission-run only):

\$, ,

Please attach the Activity Form for each strategy marked.

34192

10845



Program Activity Cover Page (Continued)

Program ID

150013

Location 2	Street address	909 BRET HARTE PLACE	Service radius (miles)
	City	MODESTO	Zip 95358
Location 3	Street address	1135 PARADISE ROAD	Service radius (miles)
	City	MODESTO	Zip 95351
Location 4	Street address	1900 KIRBCHEN DRIVE	Service radius (miles)
	City	MODESTO	Zip 95351
Location 5	Street address	515 SUTTER AVENUE	Service radius (miles)
	City	MODESTO	Zip 95351
Location 6	Street address	1821 ROBERTSON RD	Service radius (miles)
	City	MODESTO	Zip 95351
Location 7	Street address	100 SCHOOL AVENUE	Service radius (miles)
	City	MODESTO	Zip 95351
Location 8	Street address	707 HERNDON ROAD	Service radius (miles)
	City	MODESTO	Zip 95351
Location 9	Street address	1602 MONTEREY STREET	Service radius (miles)
	City	MODESTO	Zip 95354
Location 10	Street address		Service radius (miles)
	City		Zip
Location 11	Street address		Service radius (miles)
	City		Zip

34192

10845



Systems Change Support Activity Form

Program Name: Modesto City Schools - SR Initiative

Program ID

1	5	0	0	1	3
---	---	---	---	---	---

Directions: Please mark (X) ALL systems change support activities that apply. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

Activity	
Results-based accountability	
<input type="checkbox"/> Training funded programs to conduct evaluations and use data <input type="checkbox"/> Conducting community asset mapping/needs assessment	<input type="checkbox"/> Conducting research or evaluation (e.g., community surveys, local evaluation) <input type="checkbox"/> Other results-based accountability
Civic engagement	
<input type="checkbox"/> Supporting involvement of residents on policy boards/commissions and in program implementation <input type="checkbox"/> Community planning efforts involving residents	<input type="checkbox"/> Other civic engagement
Advocating for policy changes or new legislation	
<input type="checkbox"/> Meeting with/educating policy-makers <input type="checkbox"/> Preparing documents to support policy changes	<input type="checkbox"/> Other advocating for policy changes or new legislation
Raising or leveraging of funds	
<input type="checkbox"/> Writing proposals to request additional funds <input type="checkbox"/> Preparing/implementing sustainability plans	<input type="checkbox"/> Other raising or leveraging of funds
Service quality	
<input type="checkbox"/> Developing or monitoring service quality standards <input type="checkbox"/> Developing new training materials for service providers	<input type="checkbox"/> Other service quality improvement
Working competently with diverse populations	
<input type="checkbox"/> Developing or adapting programs and materials specifically for diverse populations (ethnic, language, cultural, disabilities, other special needs). Includes translation	<input type="checkbox"/> Outreach to underrepresented providers <input type="checkbox"/> Other working competently with diverse populations
Interagency collaboration	
<input type="checkbox"/> Establishing or maintaining centralized registries and databases <input type="checkbox"/> Organizing/facilitating administrative-level meetings/work to share information, coordinate, and make joint decisions	<input type="checkbox"/> Organizing/facilitating interagency meetings/work among providers to coordinate cases <input type="checkbox"/> Developing systems to blend funding streams <input checked="" type="checkbox"/> Other interagency collaboration
Accessibility of services	
<input type="checkbox"/> Universal health care or augmentation of health insurance <input type="checkbox"/> Universal preschool or expansion of early child care and education slots	<input type="checkbox"/> Other efforts to increase accessibility
<input type="checkbox"/> Other systems change activities (specify): <div style="border: 1px solid black; width: 450px; height: 30px; display: inline-block; vertical-align: middle;"></div>	



Program Activity Cover Page

Program Name: Patterson Unified School District - SR Initiative

Program ID 150011

Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

- ☐ Commission-run program → Go to question 3.
☐ Externally run program → Please mark (X) ONE box below and then go to question 2.

☒ Family resource center Child care center or preschool

- ☐ Head Start
☐ State preschool
☐ Private preschool
☐ Family-based child care
☐ Other child care center or preschool

County service agency (other than education)

- ☐ Department of Health
☐ Department of Social Services
☐ Department of Mental Health
☐ Other county service agency

Private provider/nonprofit community organization

- ☐ Community-based organization
☐ Other nonprofit organization
☐ Private medical, dental, or mental health organization
☐ Other private organization

Education organization

- ☒ Elementary or middle school (K-8)
☐ Secondary school (9-12)
☐ School district
☐ County office of education
☐ 2-year community college
☐ 4-year college or university
☐ Other education organization

Other public-sector organization

- ☐ Justice system/police
☐ City government program
☐ Other government program

Consulting organization

- ☐ Evaluation/research organization
☐ Technical assistance organization
☐ Other consulting organization
☐ Other organization

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address 200 NORTH 7TH STREET
 City PATTERSON Zip 95363

Service radius (miles)

30.0

3. Does this funded program receive State School Readiness Initiative funds? ☒ Yes ☐ No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

- ☒ Direct services: \$ 41,722
☐ Community strengthening efforts: \$
☐ Provider capacity building/support: \$
☐ Infrastructure investments: \$
☐ Systems change support activities: \$
☐ Minigrants (Commission-run only): \$

Please attach the Activity Form for each strategy marked.

Direct Services Activity Form

Program Name Patterson Unified School District - SR Initiative

Program ID

1 5 0 0 1 1

Directions: For each unique set of activities (i.e., combination of modality and activities), please enter the requested information on the front and back of this form. Use an additional form for each modality/activities combination. **Please use a black ink pen.** Other ink colors and pencil cannot be read by our scanners. Enter only one digit per box.

Enter **ONE** modality code in the boxes below.

Modality

0 4

01 Case management

02 Home visit

03 Mobile service

04 In-person consultation/service

05 Support group session

06 Class/workshop

07 Public/community event

08 Phone consultation

09 Mailing/distribution of materials

99 Other

Please mark (X) ALL applicable activities associated with the modality selected above.

Family Support, Education, and Services

- ☒ Community resource and referral (to health and social services)
- ☒ Service coordination
- ☒ Enrollment/assistance with TANF, WIC, Food Stamps, or food program
- ☒ Provision of food, clothes, emergency funds, housing, or other basic needs
- ☒ Transportation services or vouchers
- ☐ Safety education and injury/violence prevention
- ☐ Distribution of Kit for New Parents
- ☐ Parenting education (includes programs for teens)
- ☐ Parenting/caregiver support (includes programs for teens)
- ☐ Family planning (includes programs for teens)
- ☒ Adult literacy programs
- ☐ Job training/citizenship/other adult education
- ☐ Other family support, education, and services

Health Education and Services

- ☒ Health insurance enrollment/assistance
- ☐ Tobacco cessation education or treatment
- ☒ Mental health assessment or services (includes crisis counseling)
- ☐ Substance abuse treatment/screening (not tobacco cessation)
- ☐ Prenatal and birth care and education
- ☐ Breastfeeding assistance
- ☐ Well-baby or well-child checkups
- ☐ Acute medical care
- ☒ Health screenings
- ☒ Immunizations
- ☒ Oral health treatment, screening, or prevention
- ☐ Nutrition education and assessments
- ☐ Car seat distribution
- ☐ Other health education and services

Child Development Services

- ☐ Developmental screenings/assessments
- ☐ Recreational/physical activities for children alone or together with parents
- ☒ Family literacy programs
- ☐ Early education programs for children alone or together with parents
- ☐ ECE*/child care resource and referral (nonmonetary)
- ☐ ECE*/child care subsidies or vouchers
- ☒ Kindergarten transition programs
- ☐ Other child development services

Continue on reverse →

46375

* ECE = Early care and education.



Direct Services Activity Form (Continued)

Program ID 150011

Please enter requested information on the modality/activities combination reported on Page 1.

	Children (0 to 5)*	Parents/guardians	Other family members
Total number of service units**	354	456	200
Total number of participants served	354	456	200

Ethnicity
(Number of participants)

	Children (0 to 5)*	Parents/guardians	Other family members
Alaska Native/ American Indian			
Asian	4	4	
Black		2	
Latino	325	425	175
Pacific Islander			
White	25	25	25
Multiracial***			
Other			
Unknown			

Primary language
(Number of participants)

	Children (0 to 5)*	Parents/guardians	Other family members
English	25	25	25
Spanish	325	425	175
Other			
Unknown			

Age
(Number)

Children served directly
by programs

Children served indirectly
through parents/guardians and other
family members who received services

	Children served directly by programs	Children served indirectly through parents/guardians and other family members who received services
< 3 years	100	100
3 to 5 years*	250	250
Unknown		

Number of children having
special needs 5

5

* Up to a child's 6th birthday.

**Service units = total number of sessions or contacts. If a child is seen twice, service units = 2. If there were 3 classes with 5 parents each, total service units = 15.

***More than one ethnic origin.



Program Activity Cover Page

Program Name: Riverbank Unified School District - SR Initiative

Program ID 150012

Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ **Family resource center**
Child care center or preschool

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

County service agency (other than education)

- ☐ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

Private provider/nonprofit community organization

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

Education organization

- ☒ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☐ School district
- ☐ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

Other public-sector organization

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

Consulting organization

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization
- ☐ Other organization

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address 3800 CALIFORNIA AVENUE
City RIVERBANK Zip 95367

Service radius (miles)

0.5

3. Does this funded program receive State School Readiness Initiative funds? ☒ Yes ☐ No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

☒ Direct services:

\$ 00, 82, 323

☐ Community strengthening efforts:

\$ 00, 00, 00

☐ Provider capacity building/support:

\$ 00, 00, 00

☐ Infrastructure investments:

\$ 00, 00, 00

☐ Systems change support activities:

\$ 00, 00, 00

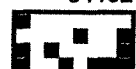
☐ Minigrants (Commission-run only):

\$ 00, 00, 00

Please attach the Activity Form for each strategy marked.

34192

10844



Direct Services Activity Form

Program Name Riverbank Unified School District - SR Initiative

Program ID

150012

Directions: For each unique set of activities (i.e., combination of modality and activities), please enter the requested information on the front and back of this form. Use an additional form for each modality/activities combination. **Please use a black ink pen.** Other ink colors and pencil cannot be read by our scanners. Enter only one digit per box.

Enter **ONE** modality code in the boxes below.

Modality

06

01 Case management

02 Home visit

03 Mobile service

04 In-person consultation/service

05 Support group session

06 Class/workshop

07 Public/community event

08 Phone consultation

09 Mailing/distribution of materials

99 Other

Please mark (X) ALL applicable activities associated with the modality selected above.

Family Support, Education, and Services

- ☒ Community resource and referral (to health and social services)
- ☐ Service coordination
- ☒ Enrollment/assistance with TANF, WIC, Food Stamps, or food program
- ☐ Provision of food, clothes, emergency funds, housing, or other basic needs
- ☐ Transportation services or vouchers
- ☒ Safety education and injury/violence prevention
- ☐ Distribution of Kit for New Parents
- ☒ Parenting education (includes programs for teens)
- ☐ Parenting/caregiver support (includes programs for teens)
- ☐ Family planning (includes programs for teens)
- ☐ Adult literacy programs
- ☐ Job training/citizenship/other adult education
- ☐ Other family support, education, and services

Health Education and Services

- ☒ Health insurance enrollment/assistance
- ☐ Tobacco cessation education or treatment
- ☐ Mental health assessment or services (includes crisis counseling)
- ☐ Substance abuse treatment/screening (not tobacco cessation)
- ☐ Prenatal and birth care and education
- ☐ Breastfeeding assistance
- ☐ Well-baby or well-child checkups
- ☐ Acute medical care
- ☒ Health screenings
- ☒ Immunizations
- ☒ Oral health treatment, screening, or prevention
- ☒ Nutrition education and assessments
- ☐ Car seat distribution
- ☐ Other health education and services

Child Development Services

- ☒ Developmental screenings/assessments
- ☒ Recreational/physical activities for children alone or together with parents
- ☒ Family literacy programs
- ☐ Early education programs for children alone or together with parents
- ☐ ECE*/child care resource and referral (nonmonetary)
- ☐ ECE*/child care subsidies or vouchers
- ☒ Kindergarten transition programs
- ☐ Other child development services

Continue on reverse →

* ECE = Early care and education.



Direct Services Activity Form (Continued)

Program ID 150012

Please enter requested information on the modality/activities combination reported on Page 1.

	Children (0 to 5)*	Parents/guardians	Other family members
Total number of service units**	7,200	90	
Total number of participants served	64	15	

Ethnicity
(Number of participants)

	Children (0 to 5)*	Parents/guardians	Other family members
Alaska Native/ American Indian			
Asian			
Black	2	4	
Latino	45	73	
Pacific Islander	1	2	
White	12	20	
Multiracial***			
Other	4		
Unknown			

Primary language
(Number of participants)

	Children (0 to 5)*	Parents/guardians	Other family members
English	23	29	
Spanish	41	70	
Other			
Unknown			

Age
(Number)

Children served directly
by programs

Children served indirectly
through parents/guardians and other
family members who received services

	Children served directly by programs	Children served indirectly through parents/guardians and other family members who received services
< 3 years		
3 to 5 years*	64	
Unknown		

Number of children having special needs	33	
--	----	--

* Up to a child's 6th birthday.

**Service units = total number of sessions or contacts. If a child is seen twice, service units = 2. If there were 3 classes with 5 parents each, total service units = 15.

***More than one ethnic origin.

